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MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on January 21, 2010
Date

/Noelle L. Cacciabeve/

Signature

Noelle L. Cacciabeve

Typed or printed name of person signing Certificate

63,075

Registration Number, if applicable

(908) 654-5000

Telephone Number

Note: Each paper must have its own certificate of mailing.

Electronic Certificate for Request for Continued Examination (Fillable PDF).

AMENDMENT TRANSMITTAL LETTER			Docket No. SONYJP 3.3-389		
Application No. 10/562,404-Conf. #6106	Filing Date December 23, 2005	Examiner S. Chen	Art Unit 2431		
Applicant(s): Tomohiro Katsube, Hideki Date, Atsushi Sato, Yuu Sugita, Takayuki Miura, Tsuyoshi Ono, and Kouji Miyata					
Invention: DEVICE AUTHENTICATION INFORMATION INSTALLATION SYSTEM					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 38 =	0	x 52.00	0.00
Independent Claims	6	- 9 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
/Noelle L. Cacciabeve/ Noelle L. Cacciabeve Attorney/Agent Reg. No.: 63,075 LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 654-5000			Dated: <u>January 21, 2010</u>		
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: January 21, 2010 Electronic Signature for Noelle L. Cacciabeve: /Noelle L. Cacciabeve/					